

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 05/01, 2009, and ending 04/30, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization VINCENNES MOOSE LODGE #281
 Doing Business As VINCENNES MOOSE LOSGE # 281
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
904 S 17TH STREET
 City or town, state or country, and ZIP + 4
VINCENNES, INDIANA 47591

D Employer identification number 35-0836062

E Telephone number 812-882-4538

G Gross receipts \$1071765.

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☒ No
 If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status ☒ 501(c) (7) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website:

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Year of formation 2009

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities. The club achieved uniting members in the bond of fraternity, benevolence and charity. Through year round schedule of social recreational activities for its members and their families.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	457
5 Total number of employees (Part V, line 2a)	5	12
6 Total number of volunteers (estimate if necessary)	6	12
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	NA
7b Net unrelated business taxable income from Form 990-T, line 8	7b	NA

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1b)	10468.	2696.
9 Program service revenue (Part VIII, line 2a)	NA	NA
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2252.	51
11 Other revenue (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 11e)	262635.	220752.
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	275355.	223499.
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6437.	NA
14 Benefits paid to or for members (Part IX, column (A), line 4)	11276.	3798.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	130381.	146002.
16a Professional fundraising fees (Part IX, column (A), line 11e)	NA	NA
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	177572.	157057.
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	325666.	306857.
19 Revenue less expenses. Subtract line 18 from line 12 LOSS	(50311.)	(83358.)

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	320158.	246821.
21 Total liabilities (Part X, line 26)	22508.	85000.
22 Net assets or fund balances. Subtract line 21 from line 20	297651.	161821.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Chris Wilson 09-29-10
 Signature of officer Date
Chris Wilson, Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature Zelia Deem Date 09/29/10
 Check if self-employed ☒ Preparer's identifying number (see instructions) P00122579
 Firm's name (or yours if self-employed), address, and ZIP + 4 ZELIA DEEM ACCOUNTING EIN 35-1545800
P.O. BOX 744 VINCENNES, IN 47591 Phone no. 812-882-2222

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

SCANNED OCT 19 2010

68

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

~~This lodge achieved uniting its members in the bond of fraternity by recreational activities for its members and their families.~~

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ NA _____)4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ NA _____)4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ NA _____)4d Other program services. (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ NA _____) (Revenue \$ NA _____)4e Total program service expenses NA

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	N	A
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	N	A
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	N	A
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35	N A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	5	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	12	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	NA	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	NA	
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	NA	
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	NA	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	NA	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	NA	
7 Organizations that may receive deductible contributions under section 170(c).			
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	NA	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	NA	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	NA	
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	NA	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	NA	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	NA	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	NA	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	NA	
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?	NA	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	NA	
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.	NA	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	NA	
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.	NA	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	NA	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	NA	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	NA	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	9
b Enter the number of voting members that are independent	1b	457
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N A
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	N A
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	N A
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► INDIANA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MINDY WESSEL 233 KATHY DR VINVENNES, IN 812-890-8162

Part VII. Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL MILEY ADMINISTRATOR	10			X				-0-	-0-	-0-
JAMES CATES GOVERNOR	6			X				-0-	-0-	-0-
LOUIS KOCKER JR. GOVERNOR	2			X				-0-	-0-	-0-
CHRISTOPHER WILSON TREASURER	6			X				-0-	-0-	-0-
TERRY DALE JR. PAST GOVERNOR	0						X	-0-	-0-	-0-
RONALD WILLIAMS PROLATE	2			X				-0-	-0-	-0-
WILLIAM BUFFINGTON TRUSTEE	0	X						-0-	-0-	-0-
RICHARD CARIE TRUSTEE	0	X						-0-	-0-	-0-
LARRY CAMPBELL TRUSTEE		X						-0-	-0-	-0-
TAMARA NEIGHBOR BAR TENDER								22860.	-0-	-0-
JOSHUA BOYER COOK								22968	-0-	-0-
1b Total								45828.		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **NA**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NA		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	NA				
	b Membership dues	1b	2696.				
	c Fundraising events	1c	NA				
	d Related organizations	1d	NA				
	e Government grants (contributions).	1e	NA				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	NA				
	g Noncash contributions included in lines 1a-1f \$		NA				
	h Total. Add lines 1a-1f		▶	2696.			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		▶	NA				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			▶	51.		
	4 Income from investment of tax-exempt bond proceeds			▶			
	5 Royalties			▶			
	(i) Real		(ii) Personal				
	6a Gross Rents			18433.			
	b Less. rental expenses			NA			
	c Rental income or (loss)			18433.			
	d Net rental income or (loss)			▶	18433.		
	(i) Securities		(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			▶	NA		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			a			
	b Less. direct expenses		b				
	c Net income or (loss) from fundraising events			▶	NA		
	9a Gross income from gaming activities. See Part IV, line 19			a	763524.		
	b Less. direct expenses		b		695772.		
	c Net income or (loss) from gaming activities			▶	67752.		
	10a Gross sales of inventory, less returns and allowances			a	284058.		
b Less cost of goods sold		b		152494.			
c Net income or (loss) from sales of inventory			▶	131564.			
Miscellaneous Revenue		Business Code					
11a DANCES				2106.			
b GOLF TOURNMENT				897.			
c							
d All other revenue							
e Total. Add lines 11a-11d			▶	3003.			
12 Total revenue. See instructions			▶	223499.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	NA			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	NA			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NA			
4	Benefits paid to or for members	3798.			
5	Compensation of current officers, directors, trustees, and key employees	45828.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NA			
7	Other salaries and wages	83280.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	NA			
9	Other employee benefits	NA			
10	Payroll taxes	16894.			
11	Fees for services (non-employees)	27300.			
a	Management	NA			
b	Legal	1500.			
c	Accounting	NA			
d	Lobbying	NA			
e	Professional fundraising services See Part IV, line 17	NA			
f	Investment management fees	NA			
g	Other	NA			
12	Advertising and promotion	4202.			
13	Office expenses	NA			
14	Information technology	NA			
15	Royalties	66687.			
16	Occupancy	634.			
17	Travel	NA			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	8564.			
19	Conferences, conventions, and meetings	NA			
20	Interest	NA			
21	Payments to affiliates	NA			
22	Depreciation, depletion, and amortization	NA			
23	Insurance	3507.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	SALES TAX	18654.			
b	ENTERTAINMENT	4110.			
c	BANK FEES	17688.			
d	DUES, SUBSC. FEES	360.			
e	LANDRY	3851.			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	306857.			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	NA			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	944	1	2313.
	2 Savings and temporary cash investments	69807	2	4652.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	17235	8	23331.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	455515.		
	b Less: accumulated depreciation	239558.	10c	215957.
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	568	15	568.
16 Total assets. Add lines 1 through 15 (must equal line 34)	320158	16	246821.	
Liabilities	17 Accounts payable and accrued expenses	22507	17	85000.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	22507	26	85000.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets			27	
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds		297651	32	161821.
33 Total net assets or fund balances			33	
34 Total liabilities and net assets/fund balances	320158	34	246821.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? **2a** ☐ Yes ☒ No
- b** Were the organization's financial statements audited by an independent accountant? **2b** ☐ Yes ☒ No
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? **2c** ☐ Yes ☒ No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? **3a** ☐ Yes ☒ No
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits **3b** ☐ Yes ☒ No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

VINCENNES MOOSE LODGE #281

Employer identification number

35-0836062

PART IV LINE (11). A COPY OF THE 990 WAS GIVEN TO EACH OFFICER.

PART IV LINE (19) UNON REQUEST.

PART IV LINE (15B) The officers vote on wages for key employees

We had to change managers.

The liabilities are back taxes & interest, penalty.

To the best of my knowledge and records given to me, this is the
VINCENNES MOOSE LODGE #281 financial statusquo.

LOYAL ORDER OF THE MOOSE #281

904 S 17TH ST.

VINCENNES, IN 47591

35-0836062

05/01/09 to 04/30/10

SALE OF INVENTORY

GROSS SALES	COST OF GOODS SOLD	NET
284058.00	152494.00	131564.00

BINGO & PULL-TAPS

GROSS	EXPENSES	NET
763524.00	PAY OUTS 633831.	
	BINGO CARDS 2156.	
	PULL-TAPS 36102.	
	LINCENSES 11000.	
	WAGERINGS TAX12683.	
	TOTAL 695772.	
		67752.00

Form 4562

ORDER MOOSE

Sch C -

Depreciation and Amortization Report

Tax Year 2009

► Keep for your records

2009

350-83-6062

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEEP FRYER		11/20/02	496		100.00			496	7.0	SL/HY		35
DEEP FRYER		12/04/02	700		100.00			700	7.0	SL/HY		50
6" AIR HOOD		12/29/02	1,546		100.00			1,546	7.0	SL/HY		110
FIRE SUPPRESSER		12/29/02	1,546		100.00			1,546	7.0	SL/HY		110
DEEP FRYER		03/28/03	225		100.00			225	7.0	SL/HY		33
LAWN MOWER		06/05/03	400		100.00			400	7.0	SL/HY		57
REFRIGERATOR		07/06/03	1,920		100.00			1,920	7.0	SL/HY		275
COIL LINE FRYER		08/11/03	612		100.00			612	7.0	SL/HY		87
DISH WASHER		10/15/03	350		100.00			350	7.0	SL/HY		50
SOCCER TABLE & FUSS BALL		11/06/03	1,163		100.00			1,163	15.0	SL/HY		77
STOVE		11/12/03	168		100.00			168	7.0	SL/HY		24
FLOOR SCRUBBER		11/16/03	3,825		100.00			3,825	10.0	SL/HY		382
COPIER		04/25/04	660		100.00			660	7.0	SL/HY		94
OUTSIDE SIGN		05/06/04	662		100.00			662	15.0	SL/HY		44
NEW WATER LINE		05/06/04	1,200		100.00			1,200	15.0	SL/HY		80
OUTSIDE GRILL		05/09/04	300		100.00			300	7.0	SL/HY		43
FILING CABINET		06/05/04	318		100.00			318	7.0	SL/HY		46
DEEP FRYER		06/05/04	188		100.00			188	7.0	SL/HY		27
SMOKE EATERS		07/15/04	10,112		100.00			10,112	15.0	SL/HY		674
FENCE		09/08/04	600		100.00			600	15.0	SL/HY		40
COPIER		10/15/04	147		100.00			147	7.0	SL/HY		21
SIDING & DOORS		10/15/04	3,119		100.00			3,119	39.0	SL/MM		80
BEER TAPPER		11/20/04	277		100.00			277	3.0	SL/HY		0
BINGO CHAIRS		11/20/04	655		100.00			655	7.0	SL/HY		94
NEW GUTTERING		12/01/04	1,194		100.00			1,194	39.0	SL/MM		31
PARKING LOT LIGHTS		12/07/04	903		100.00			903	15.0	SL/HY		60
TABLES		12/31/04	587		100.00			587	7.0	SL/HY		84
CLOCK		06/20/05	215		100.00			215	5.0	SL/MQ	106	79
NEW PRINTER		06/20/05	247		100.00			247	7.0	SL/MQ	73	52
REMODELLED BATHROOM		08/27/05	3,606		100.00			3,606	39.0	SL/MM	133	97
BARBAQUE GRILL		09/23/05	239		100.00			239	5.0	SL/MQ	102	84
COMPUTER		09/28/05	704		100.00			704	3.0	SL/MQ	704	0
BUFFER		10/05/05	166		100.00			166	3.0	SL/MQ	166	0
POPCORN MACHINE		12/09/05	588		100.00			588	5.0	SL/MQ	214	199
STOVE HOOD		12/15/05	2,450		100.00			2,450	7.0	SL/MQ	538	493
AIR CONDITIONER		06/12/08	357		100.00			357	5.0	SL/MQ	45	71
HAND SINK		06/17/08	270		100.00			270	10.0	SL/MQ	17	27

Code: S = Sold, A = Auto, L = Listed, H = Home Office

Form 4562

ORDER MOOSE

Sch C -

Depreciation and Amortization Report

Tax Year 2009

► Keep for your records

2009

350-83-6062

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
BUILDING		09/14/95	106,086		100.00			106,086	27.5	SL/MM		3,858
IMPROVEMENTS		09/14/95	81,165		100.00			81,165	27.5	SL/MM		2,952
IMPROVEMENTS		04/30/96	14,274		100.00			14,274	27.5	SL/MM		519
EQUIPMENT		04/30/96	3,168		100.00			3,168	7.0	200DB/HY		0
ELECTRIC WIRING		07/15/96	9,065		100.00			9,065	39.0	SL/MM		233
ROOF		09/03/97	24,159		100.00			24,159	39.0	SL/MM		619
IMPROVEMENTS		09/15/98	30,082		100.00			30,082	39.0	SL/MM		771
FILING CABINET		01/06/99	126		100.00			126	7.0	200DB/MQ		0
REMODELING		09/15/99	8,334		100.00			8,334	39.0	SL/MM		214
TELEVISION		10/17/99	388		100.00			388	7.0	200DB/MQ		0
POOL TABLE		01/15/00	2,363		100.00			2,363	7.0	200DB/MQ		0
COOLER		03/07/00	950		100.00			950	7.0	200DB/MQ		0
ICE MACHINE		01/15/01	1,302		100.00			1,302	7.0	SL/MQ		0
4 TABLES		01/15/01	212		100.00			212	7.0	SL/MQ		0
FRYERS		03/15/01	1,286		100.00			1,286	7.0	SL/MQ		0
HAND RAILS		06/15/01	124		100.00			124	7.0	SL/MQ		0
CASH REGISTER		10/15/01	546		100.00			546	7.0	SL/MQ		0
CAN CRASHER		11/10/01	940		100.00			940	7.0	SL/MQ		0
COMPUTER		12/11/01	1,250		100.00			1,250	5.0	SL/MQ		0
TYPEWRITER		12/20/01	147		100.00			147	7.0	SL/MQ		0
PRINTER		01/10/02	425		100.00			425	7.0	SL/HY		30
SCHUFFLE BOARD		03/12/02	1,550		100.00			1,550	7.0	SL/MQ		28
ROOF		03/20/02	5,399		100.00			5,399	39.0	SL/MM		139
STOVE		03/21/02	1,500		100.00			1,500	7.0	SL/MQ		27
L H IMPROVEMENTS		04/06/02	216		100.00			216	10.0	SL/HY		21
GLASS SCRABBER		04/10/02	500		100.00			500	7.0	SL/MQ		27
AIR CONDITIONER		05/08/02	4,060		100.00			4,060	15.0	SL/HY		270
TABLES		05/10/02	2,504		100.00			2,504	7.0	SL/HY		179
VACUUM CLEANER		05/21/02	414		100.00			414	7.0	SL/HY		30
BAR REMOLDING		07/06/02	3,763		100.00			3,763	15.0	SL/HY		251
KONICA COPIER		07/10/02	735		100.00			735	5.0	SL/HY		0
BAR TOP		08/19/02	5,130		100.00			5,130	15.0	SL/HY		342
COOLER		08/26/02	3,395		100.00			3,395	7.0	SL/HY		242
NEW FLOOR		09/10/02	1,735		100.00			1,735	15.0	SL/HY		116
NEW BAR		09/10/02	2,627		100.00			2,627	15.0	SL/HY		175
STOVE		11/06/02	289		100.00			289	7.0	SL/HY		21

Code: S = Sold, A = Auto, L = Listed, H = Home Office

FDIV3601 07/21/09

Page 1 of 3

Tax Year 2009

- Keep for your records

350-83-6062

[illegible]

FDIV3601 07/21/09